"Oral health for all"



February 19, 2014

HUMAN SERVICES COMMITTEE TESTIMONY

Re: Raised House Bill 5137

AN ACT CONCERNING THE ELIGIBILITY OF CHILDREN ENROLLED IN THE HUSKY PLAN.

Senator Slossberg, Representative Abercrombie and other distinguished members of the Human Services Committee,

I want to thank you for this opportunity to address H.B. 5137. I am Mary Moran Boudreau, testifying today on behalf of the Connecticut Oral Health Initiative, the only oral health advocacy organization in Connecticut with a vision of "Oral Health for All."

Connecticut Oral Health Initiative urges you to pass this important bill for "continuous eligibility" and would like to see you address continuous coverage for adults also.

Connecticut has seen an increase in the utilization of dental care for Medicaid children from 46% to almost 70% since 2007. According to the 2012 CT DPH report, Every Smile Counts: The Oral Health of Connecticut's Children¹, 13% of children in kindergarten have untreated tooth decay, a slight improvement from 16% in 2006-2007. More significantly, 12% of children in third grade have untreated decay, a significant improvement from 18% in 2006-2007. Some of this can be attributed to improved Medicaid administration and 2008 reimbursement rate increases.

Improvements will be greater if "continuous eligibility" is instituted that will provide stabilized enrollment by providing twelve months of coverage regardless of changes in family circumstances. Continuous coverage will foster an increase in children receiving preventive care which produces better health outcomes as well lower costs.

"Continuous Eligibility" - States may provide children with twelve months of continuous coverage through Medicaid and CHIP, even if the family's income changes during the year. Guaranteeing ongoing coverage ensures that children get appropriate care, and helps doctors and dentists develop relationships with children and their families. This option eliminates cycling on and off of coverage during the year. This also reduces state resources spent on

¹ Connecticut Department of Public Health, Office of Oral Health. Every Smile Counts, The Oral Health of Connecticut's Children, Hartford, Connecticut, October 2012. http://www.ct.gov/dph/lib/dph/oral_health/pdf/oral_health to 2012 rev.pdf

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unnecessary paperwork and preventable care needs. Presently 33 states use continuous eligibility to keep eligible children enrolled in Medicaid and/or CHIP.²

Our hope that this bill to introduce "continuous eligibility" will also assist in children remaining with Medicaid coverage while the Department of Social Services addresses the delays presently occurring with renewals for coverage.

In closing, we urge the Committee to address "continuous eligibility" for adults, including the HUSKY A parents of the children as well as those in the other HUSKY programs. It is well known that children of parents who receive dental treatment tend to receive more dental prevention and treatment too.

"States should also consider coordinating a 12- month continuous eligibility policy for children with parent coverage policies. While states do not have federal authority to implement 12-month continuous eligibility period for parents (not including pregnant women), they can implement a 12-month renewal period for this group. Aligning the policies in this manner would at least ensure that the renewal period and date is the same for enrolled parents and their children"

I urge your support of H.B. 5137.

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Thank you for your attention to this important issue and your commitment to the health and oral health of Connecticut residents.

Mary Moran Boudreau

Executive Director

² http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Outreach-and-Enrollment/Continuous.html

³ Georgetown University Health Policy Institute, Center for Children and Families. Program Design Snapshot: 12-Month continuous Eligibility, March 2009. ccf.georgetown.edu/wp-content/uploads/2012/03/CE-program-snapshot.pdf